

Last Name _____ First Name _____ Date of Birth _____ Appt. Time _____ Arrival Time _____ Reason for Visit _____ Mother's Name _____ Father's Name _____ Your Name _____ Relationship to Child _____ Legal Guardian Yes _____ No _____ Today's Date _____			
SCREENING QUESTIONNAIRE FOR CHILD AND TEEN IMMUNIZATION For Parent/Guardian: The following questions will help us determine which vaccines your child may be given today. If you answer "yes" to any question, it does not mean your child should not be vaccinated. It means additional questions must be asked. <i>If a question is not clear, please ask your Healthcare Provider to explain it.</i>			
	YES	NO	DON'T KNOW
1. Is the child sick today?			
2. Does the child have allergies to medications, food, or any vaccine?			
3. Has the child had a serious reaction to a vaccine in the past?			
4. Has the child had asthma, lung disease, heart disease, kidney disease, metabolic disease (e.g. diabetes), or a blood disorder?			
5. If the child to be vaccinated is between the ages of 2 and 4 years. Has a Healthcare Provider told you the child had wheezing or asthma in the past 12 months?			
6. Has the child had a seizure, brain or other nervous system problem?			
7. Does the child have cancer, leukemia, AIDS, or any other immune system problem?			
8. Has the child taken cortisone, prednisone, other steroids, or anti-cancer drugs, or had X-RAY Treatments in the past 3 months?			
9. Has the child received a transfusion of blood or blood products, or been given a medicine called immune (gamma) globulin in the past year?			
10. Is the child/teen pregnant or is there a chance she could become pregnant during the next month?			
11. Has the child received vaccinations in the past 4 weeks?			

*****DO NOT WRITE BELOW THIS LINE*****

FINANCIAL SCREENING

APPT TIME	IN	ARRIVAL TIME	WORK UP	COMMENTS TO CLINIC	ROVER P/U TIME
	OUT				

ROUTING SLIP

CHP	RE-CHECK	WBC	FOSTER PHY	TRIAGE	RASH ROOM	RASH ROOM #
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LAB/PHARMACY

PLACE LABEL HERE

CASHIER ONLY

INITIALS

COPAY PAID	_____	_____
SFS PAID	_____	_____
PREV BAL PAID	_____	_____
NO PAYMENT	_____	_____